Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

October 3, 2014

Cathy Conley, Administrator
Historic Homes Of Runnemede-Stoughton House
40 Maxwell Perkins Lane
Windsor, VT 05089-1206

Provider #:

Dear Ms. Conley:

The Division of Licensing and Protection conducted an onsite complaint investigation on **October 1, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **October 1, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCHaRN

PC:jl

Enclosure

Division of Licensing and Pro	Diection			
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0161	B. WING		C 10/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET AD	INRESS CITY :	STATE ZIP CODE	
NAME DF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  40 MAXWELL PERKINS LANE				
WINDSOR, VT 05089				
PREFIX (EACH DEFICIENC)	ATEMENT DF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
R100 Initial Comments:		R100		
An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 10/1/14. The home was found to be				
in substantial compliance with regulations related to the allegations.		· ·		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE